

Date 18/09/24

Periodic Inspection Report for an Electrical Installation

PR No. **290325**

REGISTERED CONTRACTOR DETAILS:

PAT EXPERTS LTD.

94 Martin's Row,

Chapelizod,

Dublin.

Reg. No. **A11874**



Installation Approx. Age 8+

INSTALLATION DETAILS:

Occupant Name / Trading as Holiday inn

Address 28-32 O'Connell St upper

Occupant In Attendance ? ☒ Yes ☐ No

PLEASE CIRCLE ANSWERS OR TICK BOXES AS APPROPRIATE

Installation Category?

Domestic ☐

Commercial ☒

Industrial ☐

Other (specify) _____

Reason for Inspection?

Insurance Inspection ☒

Safety Audit ☒

If Other (specify) _____

Extent of Installation covered by this report? Entire Installation* ☒ YES

☐ NO (see partial inspection details below)

* N.B. Cables concealed within trunking and conduits within the fabric of the building or underground have not been inspected unless stated otherwise.

If partial inspection Specify what part the report refers to _____

TYPE OF SYSTEM EARTHING ☒ TNCS, ☐ TT, ☐ TNS, ☐ IT

Installation voltage Single Phase ☐ Three Phase ☐ L1. ☐ 231 v L2. ☐ 232 v L3. ☐ 231 v L1-L2 ☐ 402 v L2-L3 ☐ 400 v L3-L1 ☐ 398 v

Max prospective S/C current 13,440 A Main Isolation**and overcurrent device type? NONE ☐ SWITCH FUSE ☒ MCB ☐ MCCB ☐

Nominal rating N/A A **If a main RCD is used as a main isolating device the following details are required Rated current In N/A A

Tripping current I_{Δn} N/A mA

GENERAL

21. Correct cable colours used at the time of installation? Yes ☒ No ☐
22. Are cables in good condition? Yes ☒ No ☐
23. Cables correctly selected? Yes ☒ No ☐
24. Correct routing of cables in attic area? Yes ☐ No ☐ N/A ☒
25. Cables correctly installed where visible? Yes ☒ No ☐
26. All excessive heating effects from luminaires avoided? Yes ☒ No ☐
27. Correctly selected accessories & switches? Yes ☒ No ☐
28. Are they in a good condition? Yes ☒ No ☐
29. Are they correctly located? Yes ☒ No ☐
30. Are they suitable for their environment? Yes ☒ No ☐

QUALITY OF WORKMANSHIP

Very Good ☐Satisfactory ☒Poor ☐

SUMMARY TEST DATA

Min Insulation Resistance 120 MΩMax Resistance of protective conductor .33 ΩMax fault loop impedance 1.08 Ω and type and size of associated protective device.Type MCB Size B10

TEST INSTRUMENT SERIAL NUMBERS:

Date 03/01/251009986102031185

DECLARATION

I/We the undersigned are responsible for the inspection and testing of the electrical installation described on page 1. of this report.

I/We confirm to the best of my / our knowledge that tests and observations made on pages 1,2,3,4, & 5,6,7 represent an accurate assessment within the limits specified, of the condition of the electrical installation.

Inspected and tested by (Signed) Feilim Mac Criosta(BLOCK CAPITALS) FEILIM MAC CRIOSTA

This report is issued and signed by the person responsible for the inspection of the installation concerned. This report should be used only for the domestic and small commercial installations. The CER or Safe Electric is not responsible for the electrical installation or for the accuracy of the information given on the report.



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PR No. 290325

N.B. Any Questions answered "no" must be referred to in the comment section of this report.

ALL QUESTIONS MUST BE ANSWERED PLEASE TICK BOX AS APPROPRIATE

1. Have all electrical outlets / accessories been inspected? Yes ☒ No ☐
2. Are all outlets / accessories undamaged? Yes ☐ No ☒
3. Are all live parts covered? Yes ☐ No ☒

EARTHING/BONDING DETAILS

4. If TNCS is main protective conductor connected? Yes ☒ No ☐
5. If present is it the correct size? Yes ☒ No ☐ N/A ☐
6. Earth Electrode Inspection Chamber? Yes ☐ No ☒
7. If yes... Is earth electrode visible? Yes ☐ No ☒
8. If yes... Is protective tape used? Yes ☐ No ☒
9. If visible is the earthing conductor the correct size? Yes ☐ No ☒
10. Is all main equipotential bonding correct? Yes ☐ No ☒ N/A ☐
11. All supplementary bonding correct & connections verified?
Yes ☐ No ☒ N/A ☐
12. Protective Earthing sleeved where appropriate? Yes ☒ No ☐ N/A ☐
13. Polarity+earthing of all switches/outlets correct? Yes ☒ No ☐
14. All metallic switches / outlets earthed? Yes ☒ No ☐

DISTRIBUTION BOARD / S

15. Labelled correctly? Yes ☒ No ☐
16. Located correctly? Yes ☒ No ☐
17. Sub circuit isolation & overcurrent device type?
Fuse ☐ MCB ☒
18. Are all devices correctly rated for S/C & O/L?
Yes ☐ No ☒
19. Circuit sequence correct for P, N, +E? Yes ☒ No ☐
20. RCD's

Circuit description	Tripping current	Longest tripping time
Sockets	30 mA	17.5 ms
Electric Shower	30 mA	N/A ms

OBSERVATIONS AND RECOMMENDATIONS (TICK BOXES AS APPROPRIATE)

(Note subject to the limitations specified on page 1 of this report)

☐ NO REMEDIAL WORK IS REQUIRED☒ THE FOLLOWING OBSERVATIONS ARE MADE

REF No.	COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)	Recommendations As detailed below ●
20	All RCBs in main panel on floors 1-6 Are AC Type	2
	Recommend to install MCBs for sub boards for rooms and RCBs in sub panel for rooms.	
11	Ceiling Grids to be bonded in All Areas	3
10	All metal tables in Kitchen to be bonded	2
6,7,8	Earth Electrode not visible	3
3	Blanks missing on DB L 4th floor	2
10	Bonding to be done at bar for steel tables	2
*	No profile on Kitchen DB's cable entry	3
11	No Bonding on mains down in main switch room	3

- One of the following numbers, as appropriate, is allocated to each of the observations made above to indicate to the person(s) responsible for the installation, the action recommended.

(1) REQUIRES URGENT ATTENTION (2) REQUIRES IMPROVEMENTS (3) REQUIRES SOME ATTENTION

(4) DOES NOT COMPLY WITH CURRENT NATIONAL RULES FOR ELECTRICAL INSTALLATIONS*

*THIS DOES NOT NECESSARILY IMPLY THAT THE ELECTRICAL INSTALLATION INSPECTED IS UNSAFE.

On the basis that all observations requiring "urgent attention" have been completed without delay, I/We recommend that this electrical installation is further inspected and tested after an interval of not more than 5 months/ years.

(N.B. Future national requirements may modify the specified time interval in question)

Signed: [Signature]
(BLOCK CAPITALS)

Certifier No. 17435

Date: 18/09/24

Periodic Inspection Report for an Electrical Installation

PR No.

~~290325~~

290325

OBSERVATIONS AND RECOMMENDATIONS (TICK BOXES AS APPROPRIATE)

(Note subject to the limitations specified on page 1 of this report)

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REF No.	COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)	Recommendations As detailed below ●
20	DB Kitchen Now-Essential 4XC32 3 phase mcb's change to RCBO's	2
20	DB Kitchen Now-Essential 3X16 C Type mcb to be changed to RCBO	2
18	DB Kitchen Now-Essential 4XC40 RCBO's cable size is 6sq should be 10	2
20	DB Kitchen Essential 6XC16 mcb's, 1XC20 mcb's, 1B16 mcb's to	2
	be changed to RCBO's	
26	Blade Exit Not Working 4th floor corridor	3
17	SDB 425, 426 scorched mcb's and busbars 4th floor	2
3	Carpark DB missing Blanks	2
*	All main panels to be hoovered	3
3	Stop Ends required for top of main DB basement	2

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(N.B. Future national requirements may modify the specified time interval in question)

Signed: _____ Certifier No. 17435 Date: 18/09/24

(BLOCK CAPITALS)

Periodic Inspection Report for an Electrical Installation

PR No.

~~290323~~
290325

OBSERVATIONS AND RECOMMENDATIONS (TICK BOXES AS APPROPRIATE)

(Note subject to the limitations specified on page 1 of this report)

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REF No.	COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)	Recommendations As detailed below ●
16	UPS Panel missing screw on panel cover	3
11	Disconnected local bond in Kitchen At Sink	2
3	At main Switch room - SWA on tray open ended needs to be covered	2
25	Carpark - Red Commando hanging from wall needs to be fixed	2
25	Carpark - Wymjs on wall need to be tidy up with cable tray	3
2,3,25	Carpark - old Switch Gear And trunking to be taking off wall and cleaned up	2
11	Reception Area - Bench table socket missing Earth And back box not earthed	2
3	At Office At reception missing End caps	2

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Signed: *[Signature]*
(BLOCK CAPITALS)

Certifier No. 17435

Date: 18/09/24

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Periodic Inspection Report for an Electrical Installation

PR No. ~~202274~~
290325

OBSERVATIONS AND RECOMMENDATIONS (TICK BOXES AS APPROPRIATE)

(Note subject to the limitations specified on page 1 of this report)

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REF No.	COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)	Recommendations As detailed below ●
10	OFFICE All trays to be 10sq banded in main switch room	2

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